

# Certification of Medicare Status

Please complete **Section 1, and either Section 2, 3 or 4.** Sign and date the form and return it to CalPERS at address listed below.

## Section 1: Please enter the Member's/Dependent's name and Social Security Number

CalPERS Retiree Name:	CalPERS Retiree Social Security Number: _____ - _____ - _____
Member/Dependent Age 65 or older:	Member/Dependent Social Security Number: _____ - _____ - _____

## Section 2: For Member/Dependent Enrolled in Medicare Parts A and B

☐ I am enrolled in Medicare Part A and Medicare Part B. This is the information reflected on my red, white, and blue Medicare card or Notice of Entitlement from the Social Security Administration:

Name of Medicare Beneficiary  
\_\_\_\_\_

Medicare Claim Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HOSPITAL (PART A) effective date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MEDICAL (PART B) effective date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Section 3: For Member/Dependent claiming Medicare Ineligibility

☐ I am not eligible for premium-free Medicare Part A (in my own right or through a spouse). I have verified this with the Social Security Administration and have attached documentation of this fact. (Check both boxes that apply to you.)

☐ I did not work for any Social Security covered employment.

☐ I worked for Social Security covered employment, but have less than 40 quarters.

☐ I do not have a spouse (current, former or deceased) that qualifies me for Medicare Part A.

## Section 4: For Member/Dependent who works and has Employer Group Health Plan coverage

☐ I have deferred Medicare Part B enrollment due to working beyond age 65 and have coverage in my/my spouse's Employer's Group Health Plan and have attached documentation of this fact.

1. Name of your current employer  
\_\_\_\_\_

2. Name of your Group Health Plan provided by your employer  
\_\_\_\_\_

Under penalty of perjury, I certify that the above information is true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(\_\_\_\_\_)\_\_\_\_\_  
Daytime telephone number

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(888) CalPERS 225-7377